

<b>PAY INQUIRY</b> For use of this form, see AR 37-104-10; the proponent agency is USAFAC	1. FROM <i>(Unit Designation, Address, PRN)</i>	2. INQUIRY NUMBER
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**DATA REQUIRED BY THE PRIVACY ACT**

**Authority:** Title 37, USC Sec. 101 and following.

**Principal Purpose:** Used by the reserve component soldier in accordance with AR 37-104-10 when inquiring about his/her own pay account *(Part A)*.

**Routine Uses:** To initiate the processing of the pay action being requested by the soldier.

**Disclosure:** Voluntary, however, failure to provide the social security number may result in a delay or error in processing the inquiry.

**PART A - TO BE COMPLETED BY SOLDIER**

3. NAME <i>(Last, First, MI as shown on LES)</i>	4. SSN <i>(As shown on LES)</i>
5. REQUEST THE FOLLOWING <input type="checkbox"/> Reimbursement for Duplicate Collection of Indebtedness. <input type="checkbox"/> Status of <input type="checkbox"/> ADT <input type="checkbox"/> AT Payment for the period _____. <input type="checkbox"/> Status of IDT Payment for the Period <i>(s)</i> _____. <input type="checkbox"/> Emergency Pay <i>(Explain reason in remarks.)</i>	
6. REMARKS	
7. SIGNATURE OF SOLDIER	8. DATE

**PART B - TO BE COMPLETED BY UNIT**

9. <input type="checkbox"/> A. Supporting Document(s) submitted to input station on ICD.	B. NUMBER	C. DATE
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10. REPLY/JUSTIFICATION

A. <i>The data stated above is true and accurate. The attachments hereto are in support of Administrative Changes/Pay Adjustments.</i>	B. CERTIFYING OFFICER'S SIGNATURE	C. DATE
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**PART C - FOR IS USE ONLY**

11. REPLY/ACTION REQUIRED	A. INQUIRY CLERK	B. DATE